

# Work Order ID 134774

**\*134774\***

Page 1

Monday, July 20, 2015 2:41:03 PM

Item ID: D4387-043 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Harness Assembly  
 Start Date: 7/20/2015 Start Qty: 400 **\*4\*** Cust Item ID:  
 Required Date: 7/20/2015 Req'd Qty: 400 **\*4\*** Customer:  
 Reference:

Approvals: Process Plan: MLS Date: JUL 20 2015 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
| D4387    | D            |

100 ( 0.00

**\*100\***

Purchasing

Purchasing

PURCHASING

Memo

Issue P/O:

P/N: 4173-2-031-2396

Possible supplier: Amsafe

Certificate of conformaty is required

29231

0.00

U 15-07-22

110

Receive & Inspect for Damage & Mat'l Certs

0.00

**\*110\***

Packaging

Packaging

Memo

Ensure certificate of conformity is attached

0.00

Sx SP 15-08-17

120

QC5- Inspect part completeness to step on W/O

0.00

**\*120\***

QC

Quality Control

Memo

0.00

(8)

DAS  
38  
9-89

AUG 17 2015

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |  |                                              |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |  | Completed By                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  | Lead hand / Supervisor Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  | QC / QA Coordinator Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                              |  |
| <b>Root Cause</b>                                            |                                                | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |  |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |  |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |  |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |  |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |  |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |  |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |  |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |  |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |  |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |  |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                              |  |

**Work Order ID 134774****\*134774\***

Page 2

Item ID: D4387-043

Accept

**\*N19000040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Harness Assembly

Start Date: 7/20/2015 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 7/20/2015 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

150

Identify as per dwg & Stock Location: 51465

0.00

**\*150\***

Packaging

Memo

0.00

Packaging

B

D43  
27  
AUG 7 2015

160

QC21- Final Inspection - Work Order Release

0.00

**\*160\***

QC

Memo

0.00

Quality Control

MLJ

AUG 18 2015

MLJ

AUG 18 2015

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       |                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | MRB (QS1042) Approval |                                              |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       |                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       | QC / QA Coordinator Approval                 |  |
| <b>Root Cause</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       |                                              |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> | OTHER : _____ |                       |                                              |  |

Monday, July 20, 2015 2:41:07 PM

**\*134774\***

**\*D4387-043\***

**Required Date:** 7/20/2015

**Required Qty: 4.00**

IPP REV:B

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| 4173-2-031-2396                 |                        | Purchased     | No          |                     |                  |                 | Each               | 0.0000         |             | 4            |               |                |        |
| *4173-2-031-2396*               |                        |               |             |                     |                  |                 |                    |                |             | **           | 8x 8P15-08-17 |                |        |
| Harness Assembly                |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



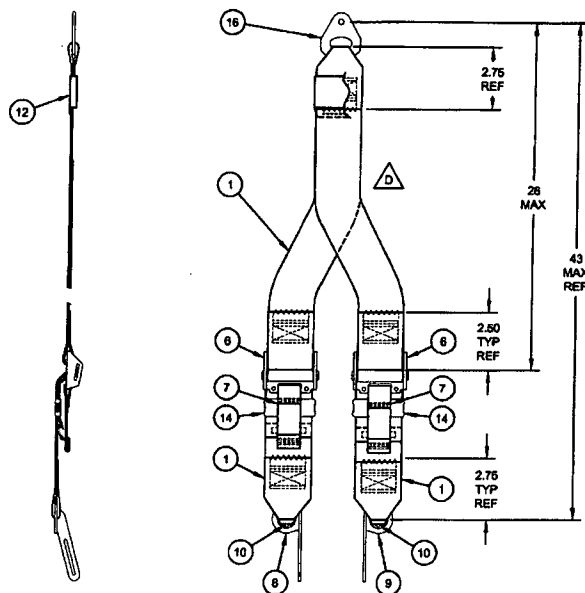
## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

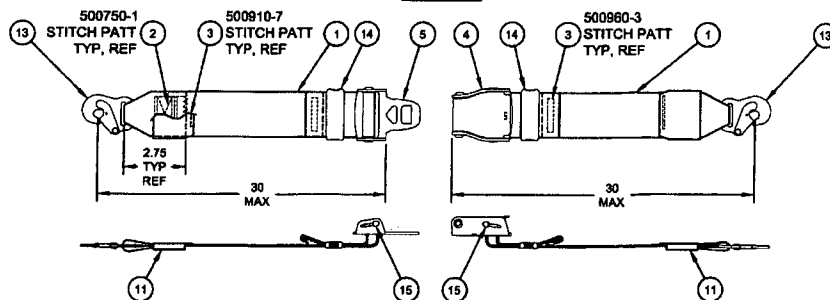
Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 | MRB (QSI042) Approval             |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                 |                                   | Completed By                                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   | Lead hand / Supervisor Approval Verification |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   | QC / QA Coordinator Approval                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>             | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |

# SPECIFICATION CONTROL DRAWING



**D4387-9**



**D4387-13**

**D4387-11**

**D4387-043 HARNESS ASSEMBLY**

| ITEM | QTY -043 | QTY -9 | QTY -11 | QTY -13 | DART P/N  | DESCRIPTION        | AMSAFE P/N OR MATERIAL P/N |
|------|----------|--------|---------|---------|-----------|--------------------|----------------------------|
|      | X        |        |         |         | D4387-043 | HARNESS ASSEMBLY   | 4173-2-031-2396            |
| 1    |          | X      |         |         | D4387-9   | SHOULDER STRAP     | 4173-2110312396            |
| 1    |          |        | X       |         | D4387-11  | BUCKLE HALF        | 4173-2070312396            |
| 1    |          |        |         | X       | D4387-13  | CONNECTOR HALF     | 4173-2090312396            |
| 1    | A/R      | A/R    | A/R     | A/R     |           | WEBBING, POLYESTER | T1200-5                    |
| 2    |          | A/R    | A/R     | A/R     |           | THREAD             | 207                        |
| 3    |          | A/R    | A/R     | A/R     |           | THREAD             | 89                         |
| 4    |          |        | 1       |         |           | BUCKLE ASSY        | 502750-401                 |
| 5    |          |        |         | 1       |           | CONNECTOR ASSY     | 504459-417-72              |
| 6    |          | 2      |         |         |           | ADJUSTER ASSY      | 503050-409                 |
| 7    |          | 2      |         |         |           | PULL TAB           | 500976-426                 |
| 8    |          | 1      |         |         |           | ADAPTER, HARNESS   | 505122-2-72                |
| 9    |          | 1      |         |         |           | ADAPTER, HARNESS   | 505122-1-72                |
| 10   |          | 2      |         |         |           | INSERT             | AFG0566293                 |
| 11   |          |        | 1       | 1       |           | LABEL              | 447664                     |
| 12   |          | 1      |         |         |           | LABEL              | 447664                     |
| 13   |          | 2      | 1       | 1       |           | HOOK ASSY          | 502737-441-72              |
| 14   |          |        | 1       | 1       |           | WEB SLIDE          | 503964-1                   |
| 15   |          |        | 2       | 2       |           | PLUG               | 502913                     |
| 16   |          | 1      |         |         |           | END FITTING        | 501743-21-72               |

## NOTES:

- 1) PURCHASE: D4387-043/-9/-11/-13 FROM AMSAFE INC., Phoenix, AZ.
- 2) FINISH: N/A
- 3) TOLERANCES: .XX ±0.25
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: USE PLASTIC ENGRAVED TAGS AND LABEL PER FAR 21.607 TO CONTAIN THE FOLLOWING AT MINIMUM:  
MANUFACTURER P/N: 4173-2-031-2396  
CUSTOMER P/N: D4387-043  
RATED: 3000 LBS DATE OF MANUFACTURER  
CONFORMS TO FAA TSO-C114
- 7) WEIGHT: 1.85 lb
- 8) INDICATED DIMS ARE FULLY EXTENDED LENGTHS

UNCONTROLLED  
SUBJECT TO CHANGE  
WITH NO NOTICE  
NO 134774 MJS  
1507-20

RELEASED  
2013-04-02

|            |          |                                                                                                                                                                                                                                                                          |              |
|------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | RF       | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                |              |
| DRAWN      | SRM      | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                              |              |
| CHECKED    | h        | DRAWING NO.                                                                                                                                                                                                                                                              | REV. D       |
| MFG. APPR. | h        | DSC-D4387                                                                                                                                                                                                                                                                | SHEET 2 OF 2 |
| APPROVED   | h        | TITLE                                                                                                                                                                                                                                                                    | SCALE        |
| DE APPR.   | h        | HARNESS ASSEMBLY                                                                                                                                                                                                                                                         | NTS          |
| DATE       | 13.01.23 | COPYRIGHT © 2011 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. |              |



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO29231**

Purchase Order Date 7/22/2015

PO Print Date 7/22/2015

Page Number 1 of 2

**Order From :**

VU-AMS001

**Ship To :** DART AEROSPACE LTD

AMSAFE INC.  
1043 NORTH 47TH AVENUE  
PHOENIX, AZ 85043  
US

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**Contact Name**

**Vendor Phone** 602 850 2850

**Ship To Contact**

**Ship To Phone**

**Ship Via:** FedEx PI collect

**Ship Acct:**

**Buyer**

Linda Lacelle

**Customer POID**

**Customer Tax #** 10127-2607

**Terms**

Net 30

**Currency**

USD

**FOB**

FCA - (Free Carrier)

| Line Nbr | Reference Vendor Part Number<br>Line Comments<br>Delivery Comments | Description/<br>Mfg ID | Req Date/<br>Taxable<br>Promise Date | CD | Req Qty/<br>Unit of<br>Measure | PO Unit Price      | Extended Price    |
|----------|--------------------------------------------------------------------|------------------------|--------------------------------------|----|--------------------------------|--------------------|-------------------|
| 1        | 4192-1-021-2396<br><br>PER DRWG D4387 REV.D<br>P/N 4192-1-021-2396 | Harness Assembly       | 8/5/2015<br>Yes<br>8/5/2015          |    | 16.00<br>Each                  | \$276.77           | \$4,428.32        |
|          |                                                                    |                        |                                      |    |                                | <b>Line Total:</b> | <b>\$4,428.32</b> |
| 2        | 4173-2-031-2396<br><br>PER DRWG D4387 REV.D<br>P/N 4173-2-031-2396 | Harness Assembly       | 8/5/2015<br>Yes<br>8/5/2015          |    | 8.00<br>Each                   | \$277.64           | \$2,221.12        |
|          |                                                                    |                        |                                      |    |                                | <b>Line Total:</b> | <b>\$2,221.12</b> |

**Note:**

7/22/2015



# AmSafe

1043 North 47th Avenue  
PHOENIX, AZ 85043  
PH (602)850-2850 FAX (602)278-3479

## INVOICE

Please remit to:  
AmSafe, Inc.  
Lockbox 911928  
P.O. Box 31001-1928  
Pasadena, CA 91110-1928

\*\*\* DUPLICATE \*\*\*

| Customer No. | Invoice Date | Sales Order Number | Invoice Number | Purchase Order Number | Page No. |
|--------------|--------------|--------------------|----------------|-----------------------|----------|
| 10006113     | 08/14/15     | S309251            | I381203        | PO29231               | 1        |

**BILL TO:** DART AEROSPACE  
1270 ABERDEEN STREET  
HAWKESBURY, ON K6A 1K7  
Canada

**SHIP TO:** DART AEROSPACE LTD.  
1270 ABERDEEN ST  
HAWKESBURY, ON K6A 1K7  
Canada

**SOLD TO:** DART AEROSPACE  
1270 ABERDEEN STREET  
HAWKESBURY, ON K6A 1K7  
Canada

**REMARKS:**  
1517-9324-0

Freight

COLLECT

**COMMENTS:**

A004 - FAA-PMA/TSO \*\* ALL DART ORDERS SHOULD BE RETROFIT\*\*  
A005 - RIGHT OF ENTRY  
A007 - FIRST ARTICLE INSPECTION BY SELLER & MAINTAINED BY SELLER  
A016 - PERSONAL QUALIFICATION  
A026 - CERTIFICATION OF MATERIAL CONFORMANCE  
A040 - NOTIFICATION OF QUALITY ESCAPE  
A041 - QUALITY MANAGEMENT SYSTEM  
A042 - DART NOTIFICATION BY SUPPLIER  
LABEL REQUIRES PN; CUSTOMER PN; RATED; DATE OF MGF

| TERMS    | ORDER DATE      | SALESPERSON                                                 | SHIP DATE | SHIP VIA            | Tracking #   | FOB POINT                  |
|----------|-----------------|-------------------------------------------------------------|-----------|---------------------|--------------|----------------------------|
| NET30    | 07/23/15        | HEITZMAN                                                    | 08/14/15  | FedEx Intl Priority | 645145935970 | ORIGIN                     |
| LINE NO. | ITEM            | DESCRIPTION                                                 | UM        | QUANTITY            | UNIT PRICE   | EXTENDED AMOUNT            |
|          |                 |                                                             | LOT       | BACK ORD.           | SHIPPED      |                            |
| 1        | 4192-1-021-2396 | DRAWING: 4192<br>REV: E<br>REST SYS ASSY WO/IR<br>S309251-1 | EA        | 0.0                 | 16.0 N       | 276.77 USD<br>4,428.32 USD |
|          |                 |                                                             | 16.0      |                     |              | TSO-C114                   |
| 2        | 4173-2-031-2396 | DRAWING: 4173<br>REV: F<br>REST SYS ASSY WO/IR              | EA        | 0.0                 | 8.0 N        | 277.64 USD<br>2,221.12 USD |
|          |                 |                                                             | S309251-2 |                     |              | TSO-C114                   |

SP15-08-17

Non-Taxable: 6,649.44 USD

Line Total: 6,649.44 USD

Total Taxable:

The undersigned, exporter/supplier of goods listed in this invoice/document, declares that according to the rule being valid in the European Union, the origin of these goods is the United States of America.

Signature:

Date: AUG 14 2015 Phoenix, Arizona, USA

Sales Tax:

Total: 6,649.44 USD

# AmSafe, Inc. Terms and Conditions of Sale

## 1 GENERAL

For purposes of these Terms and Conditions of Sale, the term "Agreement" shall mean any agreement arising as a result of Buyer's submission of a Purchase Order for Seller's products (the "Products"), and Seller's acceptance of said order. Any such Agreement or Purchase Order shall be deemed to be incorporated herein and governed by these Terms and Conditions of Sale. Seller's or Buyer's failure to object to any provision contained in any communication from Seller or Buyer shall not be construed as a waiver or modification of these Terms and Conditions of Sale or as an acceptance of any such provision. Acceptance by Buyer of this Sales Order is expressly conditioned on Buyer's assent to the Terms and Conditions of Sale contained herein. Retention by Buyer of any Products delivered by Seller, or payment by Buyer of any invoice rendered hereunder shall be conclusively deemed acceptance of these Terms and Conditions of Sale.

## 2 ACCEPTANCE

All purchases of Products are subject to issuance of a Purchase Order by Buyer ("Order") and the acceptance of the same by Seller. Orders are accepted subject to when available at the price quoted at the date of acceptance of the Order. Orders will be processed with every effort to meet the required shipping date, but Seller is not obligated to make delivery at any specified date nor liable for damage due to delay in filling the Order. Specified shipping dates are our best estimates but are not guarantees, and Buyer is at liberty to cancel for unreasonable delays, by written notice to Seller, unless the Order is of special processing and stated as non-cancelable.

## 3 CANCELLATION

Buyer shall provide a ninety (90) day written notice prior to any cancellation, modification, suspension or deferral of any Order to Seller; provided, however, in all events Buyer shall indemnify and hold Seller harmless against any and all losses incurred by Seller as a result of any cancellation, changes, modifications, suspensions or deferrals of the Order.

## 4 TERMS OF PAYMENT

Payment terms are net thirty (30) days from the date of invoice date subject to Seller's approval of Buyer's credit and the terms and conditions contained herein. If Seller grants credit to Buyer and Buyer defaults in making any payments to Seller under this Agreement, or under any other agreement between the parties, Seller may charge interest at the rate of the lower of eighteen percent (18%) per annum or the maximum amount permitted by law on unpaid accounts after thirty (30) days from the date of invoice. In any action to collect an unpaid account, Buyer will pay all of Seller's costs, including reasonable attorneys' fee. Seller may also defer further shipments under this Agreement and all other agreements between the parties until all payments in default under any agreement between the parties are paid in full and Seller may, at its sole and absolute discretion, cancel the unshipped balance of any Products still required to be shipped under this Agreement or any other agreement between the parties. In addition to the foregoing, if Buyer fails to make any payment to Seller under this Agreement or any other agreement between Buyer and Seller in a timely manner, or if Seller determines that Buyer presents an unreasonable credit risk to Seller, Seller may amend the credit terms granted to Buyer (including, without limitation, requiring payment in full upon delivery) for all future Orders upon written notice to Buyer.

## 5 UNFORSEEN CONTINGENCIES

Seller shall not be responsible for any loss, delay or non-fulfillment under this Agreement due to war, fire, flood, strike, labor troubles, accident, riot, act of Government authority, act of God, or other contingencies beyond the control of the Parties interfering with production, supply, or source of raw materials affecting Orders.

## 6 INTELLECTUAL PROPERTY

Any and all intellectual property regarding the Products and their design, modification, and/or improvements are the sole property of Seller and no license or other conveyance is made to Buyer of any Seller intellectual property.

## 7 ERRORS AND OMISSIONS

Seller and Buyer may correct clerical errors and omissions in any documentation of their own documents. No change shall be made to any document without the prior written consent of the party who generated the document.

## 8 CHANGES

Seller shall confirm changes requested by Buyer and the effect of those changes on delivery schedule and/or additional cost. Upon written acceptance of changes requested by Buyer, and written acknowledgment of changes to delivery schedule and/or cost, Seller shall proceed.

## 9 REJECTIONS AND RETURNS, CLAIMS

Claims for errors, deficiencies or imperfections in any Order shipped to Buyer hereunder shall not be considered unless made within thirty (30) days after receipt of the applicable Product by Buyer and failure to do so shall be deemed a waiver by the Buyer with respect thereto. In the event Buyer discovers non-conforming Products, which Buyer properly used for the purpose for which sold, Seller shall, at Seller's sole and exclusive discretion, either repair, replace or credit Buyer for the price of such non-conforming Product upon receipt of same from Buyer; provided, however, Seller shall not be liable for any claims for labor or consequential damages and Products may not be returned except by permission of Seller. These remedies are the exclusive remedies of Buyer. Products will not be accepted for return or credit unless so authorized by Seller. Except for non-conforming Products, any Products returned for credit will be subject to handling charges covering necessary re-inspection and restocking. Claims for shortage must be made in writing within ten (10) days after receipt of the Order subject to this Agreement. Seller accepts no responsibility for breakage, damage or losses occurring after delivery by Seller to carrier, to which all such claims must be referred directly.

## 10 SHIPPING

All shipping charges for Buyer's order shall be the responsibility of Buyer. Unless instructed on shipping method, placement of values and carrier, Products will be shipped EXW (INCOTERMS 2010) Seller's facility by method and carrier of Seller's choice. Transfer of title and risk of loss shall pass to Buyer upon delivery of Products to the carrier at Seller's facility. No extra charge shall be made for packaging and packing required for domestic shipment. Special packaging or special handling expense shall be added to the invoice unless such charges are included in the price quoted.

## 11 TAXES

The purchase price set forth above does not include any taxes, which are the sole and exclusive responsibility of, and which shall be paid by, Buyer. The purchase price set forth above shall be subject to increase without notice by the amount of any sales, use or excise tax levied or charged either by the Federal, State, County, City or other Government agency.

## 12 LIMITED WARRANTY; DISCLAIMER OF WARRANTIES

- a) The workmanship, material, and performance of the Products are warranted to be commensurate with the levels established in the applicable documents or specifications referenced on the Purchase Order and issued by public or private bodies with duly constituted authority and in the absence of specific reference to such documents or specifications to be free of material defects in workmanship and materials. If reported defects in material or workmanship are substantiated by Seller, such parts and materials as are affected will be replaced or repaired by Seller at its discretion. This warranty is limited to defects which arise within three (3) years of the date of delivery, except claims for non-conforming textile materials must be presented to Seller, in writing, within one (1) year of the date of delivery.
- b) In no event shall Seller be liable for:
  - i) Non-conformity of products due to Buyer's or Buyer's representative's negligence, accident, abuse, improper care or storage, abnormal temperature or moisture conditions;
  - ii) Damage to products which have been tampered with or altered by Buyer or Buyer's representative in any way other than by Seller or with Seller's instructions;
  - iii) Any specifications provided to Seller by Buyer; or
  - iv) Expenses incurred by Buyer in attempting to correct any defects in or non-conformity of Products unless upon Seller's instructions or approval.
- c) Seller's liability is expressly limited to the repair or replacement by Seller at Seller's option and cannot be extended to damages, expense, or loss arising from the use of, or inability to use, Seller's Products.

THE WARRANTIES, OBLIGATIONS AND LIABILITIES SET FORTH IN THE AGREEMENT (INCLUDING THESE TERMS AND CONDITIONS OF SALE), AND ALL RIGHTS, CLAIMS AND REMEDIES OF BUYER SET FORTH HEREIN, ARE EXCLUSIVE AND IN SUBSTITUTION FOR, ALL OTHER WARRANTIES, OBLIGATIONS AND LIABILITIES ARISING BY LAW OR OTHERWISE, WITH RESPECT TO ANY NONCONFORMANCE OR DEFECT IN THE PRODUCTS OR SERVICES PROVIDED UNDER ANY PURCHASE ORDER, INCLUDING BUT NOT LIMITED TO, ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE; ANY IMPLIED WARRANTY ARISING FROM COURSE OF PERFORMANCE, COURSE OF DEALING OR USAGE OF TRADE; ANY OBLIGATION, LIABILITY, RIGHT, CLAIM OR REMEDY ARISING FROM THE NEGLIGENCE OF SELLER OR ANY MANUFACTURER OF AIRCRAFT INCORPORATING THE PRODUCTS; AND ANY OBLIGATION, LIABILITY, RIGHT, CLAIM OR REMEDY FOR LOSS OR DAMAGE TO ANY AIRCRAFT.

## 13 LIMITATION OF LIABILITY, DAMAGES

SELLER'S AGGREGATE LIABILITIES TO BUYER ARISING OUT OF OR RELATING TO ANY PRODUCTS PURCHASED HEREUNDER SHALL NOT EXCEED THE PURCHASE PRICE ACTUALLY RECEIVED BY SELLER FOR THE PRODUCTS AT ISSUE. SELLER SHALL NOT BE LIABLE FOR INCIDENTAL, SPECIAL, CONSEQUENTIAL, PUNITIVE, INDIRECT OR REMOTE DAMAGES, INCLUDING LOSS OF PROFITS OR LOSS OF USE, OR FOR EXEMPLARY OR OTHER SPECIAL DAMAGES, HOWEVER STYLED, WHETHER ARISING UNDER THIS AGREEMENT OR OTHERWISE. BUYER HEREBY AGREES ITS EXCLUSIVE REMEDIES ARE SET FORTH IN THIS AGREEMENT.

## 14 GOVERNMENTAL REGULATIONS

Shipment and delivery are subject to any United States or foreign legal requirements, which may prevent, delay or interfere with fulfillment of an Order. Buyer and Seller shall comply with all applicable United States and foreign laws and regulations governing the import and/or export or re-export of all Product(s), including without limitation the U.S. Export Administration Regulations, the International Traffic in Arms Regulations and any regulations administered by the Department of the Treasury's Office of Foreign Assets. Without limiting the generality of the foregoing, Buyer will not export or re-export, directly or indirectly any of the Product(s) to any country restricted by the United States, unless with the prior consent of Seller or the Department of the Treasury's Office of Foreign Affairs.

## 15 INDEMNITY

Buyer hereby indemnifies and holds Seller harmless in the event of any claim, demand, suit, cause of action, proceeding, award, judgment or liability against Seller, including, without limitation, attorneys' fees, based upon, arising out of or in any way related to: any negligent act or omission by Buyer or any of its agents, contractors, servants or employees, including without limitation, (1) claims that the Product(s) failed to meet any specification provided by the Buyer and, (2) claims arising out of Buyer's non-compliance with any applicable governmental law or regulation with respect to the export, re-export or importation of the Product(s). For purposes of this Agreement, "claims" shall include, but not be limited to litigation or arbitration.

## 16 GOVERNING LAW

These Terms and Conditions of Sale shall be governed by and construed in accordance with the substantive law of the State of Arizona, without reference to its conflicts of law rules and specifically excluding the provisions of the 1980 U.N. Convention on Contracts for the International Sale of Goods. Venue for any dispute hereunder shall lie in the state and federal courts of Phoenix, Arizona.

# AmSafe

1043 NORTH 47th AVENUE  
PHOENIX, AZ 85043  
PH (602)850-2850 FAX (602)850-2812

## SHIPPER/CERTIFICATION



| CUSTOMER NO. | SALES ORDER NO. | BOL NO.   | DATE PRINTED | PAGE NO. |
|--------------|-----------------|-----------|--------------|----------|
| 10006113     | S309251         | 000380291 | 08/14/15     | 1        |

DART AEROSPACE  
1270 ABERDEEN STREET  
HAWKESBURY  
HAWKESBURY, ON K6A 1K7  
Canada

DART AEROSPACE LTD.  
1270 ABERDEEN ST  
HAWKSBURY,, ON K6A 1K7  
Canada

Ship to ID: 10006125

| CUSTOMER ORDER NO. | TERMS | FREIGHT | SHIP VIA            | F.O.B. |
|--------------------|-------|---------|---------------------|--------|
| PO29231            | NET30 | COLLECT | FedEx Intl Priority | ORIGIN |

Sales Order Remarks: 1517-9324-0

SHIPMENT REFERENCE 000380291

Remarks:

A004 - FAA-PMA/TSO \*\* ALL DART ORDERS SHOULD BE RETROFIT\*\*\*  
A005 - RIGHT OF ENTRY  
A007 - FIRST ARTICLE INSPECTION BY SELLER & MAINTAINED BY SELLER  
A016 - PERSONAL QUALIFICATION  
A026 - CERTIFICATION OF MATERIAL CONFORMANCE  
A040 - NOTIFICATION OF QUALITY ESCAPE  
A041 - QUALITY MANAGEMENT SYSTEM  
A042 - DART NOTIFICATION BY SUPPLIER

| LABEL REQUIRES PN: CUSTOMER PN: RATED: DATE OF MFG |                                        |                            |      |                                     |            |             |             |                  |   |
|----------------------------------------------------|----------------------------------------|----------------------------|------|-------------------------------------|------------|-------------|-------------|------------------|---|
| LINE                                               | ITEM NUMBER / DESCRIPTION              | DRAWING AND CERTIFICATIONS |      |                                     | DUE DATE   | QTY ORDERED | QTY SHIPPED | QTY BACK ORDERED |   |
| 2                                                  | 4173-2-031-2396<br>REST SYS ASSY WO/IR | DRAWING:                   | 4173 | CERT: TSO-C114                      | 2015-08-13 | 8           | 8           |                  |   |
|                                                    |                                        | REV:                       | F    | Lot/Serial Numbers Shipped Quantity | 8.0        | Expire      | Ref.        | 8                | 0 |
|                                                    |                                        |                            |      | S309251-2                           |            |             |             |                  |   |
| 1                                                  | 4192-1-021-2396<br>REST SYS ASSY WO/IR | DRAWING:                   | 4192 | CERT: TSO-C114                      | 2015-08-13 | 16          | 16          |                  |   |
|                                                    |                                        | REV:                       | E    | Lot/Serial Numbers Shipped Quantity |            | Expire      | Ref.        | 16               | 0 |
|                                                    |                                        |                            |      | S309251-1                           | 16.0       |             |             |                  |   |

SPIS-08-17

I certify that the article(s) listed above conform to all applicable design data, and (as applicable):

FAA PMA, FMVSS 209, FMVSS 302, 14 CFR 25.853

FAA TSO C22f, C22g, C114 or TSO Plus

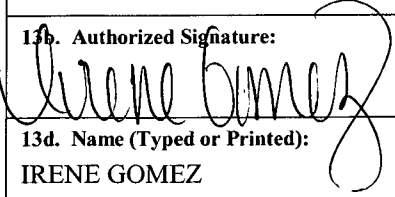
The conditions and tests required for TSO approval of the article(s) are minimum performance standards. It is the responsibility of those installing the article(s) either on or within a specific type or class of aircraft to determine that the aircraft installation conditions are within the standards applicable to the TSO article including (when applicable) the integrated non-TSO function. The non-TSO function is described as the seat belt airbag system including the inflator cable assembly and electrical components that have not been evaluated for functionality or installation requirements. TSO articles including the integrated non-TSO function must have separate approval for installation in an aircraft. The article(s) may be installed only if performed under 14 CFR part 43 or the applicable airworthiness requirements. Product shipped meets all material, processing and test requirements. Certifications/Test reports as applicable are retained on file at AmSafe Aviation.

AmSafe Authorized Signature: X Elizabeth Lopez

Printed Name: Elizabeth Lopez

Dated: AUG 14 2015

COUNTRY OF ORIGIN USA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                         |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------|--------------------------------|
| 1. Approving Civil Aviation Authority/Country:<br>FAA/United States                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     | 2. <b>AUTHORIZED RELEASE CERTIFICATE</b><br>FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG |                                                                                                                                                                                                                                                                                                                                                                                                               |                               | 3. Form Tracking Number:<br>S309251-2-IG                                |                                |
| 4. Organization Name and Address:<br><b>AMSAFE, INC</b><br><b>1043 NORTH 47<sup>TH</sup> AVE</b><br><b>PHOENIX, AZ. 85043</b><br><b>PT1967NM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                               |                               | 5. Work Order/Contract/Invoice Number:<br>S309251-2<br>0 PAGES ATTACHED |                                |
| 6. Item:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7. Description:     | 8. Part Number:                                                                         | 9. Quantity:                                                                                                                                                                                                                                                                                                                                                                                                  | 10. Serial Number:            | 11. Status/Work:                                                        |                                |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | REST SYS ASSY WO/IR | 4173-2-031-2396                                                                         | 8                                                                                                                                                                                                                                                                                                                                                                                                             | N/A                           | NEW                                                                     |                                |
| 12. Remarks: DRAWING: 4173<br>REV: F<br>TSO: C114<br><br>DATE CODE: A0815<br><br>EXPORT AIRWORTHINESS APPROVAL: THIS ARTICLE MEETS THE SPECIAL REQUIREMENTS OF CANADA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                         |                                |
| 13a. Certifies the items identified above were manufactured in conformity to:<br><br><input checked="" type="checkbox"/> Approved design data and are in a condition for safe operation.<br><input type="checkbox"/> Non-approved design data specified in Block 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                                         | 14a. <input type="checkbox"/> 14 CFR 43.9 Return to Service <input type="checkbox"/> Other regulation specified in Block 12<br>Certifies that unless otherwise specified in Block 12, the work identified in Block 11 and described in Block 12 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service. |                               |                                                                         |                                |
| 13b. Authorized Signature:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     | 13c. Approval/Authorization No.:<br>ODA602112NM                                         |                                                                                                                                                                                                                                                                                                                                                                                                               | 14b. Authorized Signature:    |                                                                         | 14c. Approval/Certificate No.: |
| 13d. Name (Typed or Printed):<br>IRENE GOMEZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     | 13e. Date (dd/mm/yyyy):<br>13/AUG/2015                                                  |                                                                                                                                                                                                                                                                                                                                                                                                               | 14d. Name (Typed or Printed): |                                                                         | 14e. Date (dd/mm/yyyy):        |
| <b>User/Installer Responsibilities</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                         |                                |
| <p>It is important to understand that the existence of this document alone does not automatically constitute authority to install the aircraft engine/propeller/article.</p> <p>Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts aircraft engine(s)/propeller(s)/article(s) from the airworthiness authority of the country specified in Block 1.</p> <p>Statements in Blocks 13a and 14a do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.</p> |                     |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                         |                                |